

I WOULD LIKE TO SPONSOR THE BUDDY WALK®

Name: _____

Agency Name (if applicable):

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If you are a Programming Partner, Title, Corporate, Tent or Community Sponsor, would you like a table at our exhibitor tent?

(Please circle one) Yes No

Name of Person exhibiting: _____ Email: _____ Phone: _____

Are you interested in volunteering for GSDSS? (Please circle one): Yes Not at this time

Relationship to an individual with Down syndrome: (Please circle all that apply)

Parent Grandparent Professional Educator Self Advocate

Sibling No Relation Loved one of an individual who is now deceased Other

I would like to support the mission of GSDSS to support individuals with Down syndrome and their families. I support providing these families with educational and social resources to help people with Down syndrome thrive. I would like to make the

following contribution: ___ \$10,000 ___ \$5,000 ___ \$2,500 ___ \$1,500 ___ \$1,000 ___ \$500 ___ \$250 ___ Other (Please write in amount) _____

Please place a check mark next to the method of payment below:

___ Check: Please make check payable to Grand Strand Down Syndrome Society and mail to:
GSDSS, PO BOX 30398, Myrtle Beach, SC 29588

___ Charge Card: Please make online at <http://www.ds-stride.org/grandstrandbuddywalk/payment/sponsor>

Authorized Signature: _____